



<b>Patient's Name: Last</b>	<b>First</b>	<b>Middle</b>	<b>Birthdate</b>
<b>Submitting Facility Patient ID (MRN)</b>			<b>Gender</b>
<b>Client/Facility Name</b>	<b>Address</b>		<b>Phone</b>
<b>Ordering Provider</b>	<b>City, State, Zip</b>		<b>Fax</b>

<b>Specimen Information</b>		<b>Mark as applicable</b>		<b>STAT</b> <input type="checkbox"/>
Collection Date:	Time:	<b>Source</b>	<b>Level</b>	
	AM/PM	<input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Stool <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Random <input type="checkbox"/> Peak <input type="checkbox"/> Trough	<input type="checkbox"/> Serum <input type="checkbox"/> Plasma, heparin <input type="checkbox"/> Plasma, EDTA <input type="checkbox"/> Plasma, other (specify):

<input type="checkbox"/> <b>Basic Drug of Abuse Screen, 5 drugs</b> Amphetamines, Cannabinoids, Cocaine metabolite, Opiates & Phencyclidine <input type="checkbox"/> with ethanol
<input type="checkbox"/> <b>Expanded Drug of Abuse Screen, 9 drugs</b> Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Methadone, Opiates, Phencyclidine & Propoxyphene <input type="checkbox"/> with ethanol
<input type="checkbox"/> <b>Common Overdose Screen, 12 drugs</b> Acetaminophen, Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Methadone, Opiates, Phencyclidine, Propoxyphene, Salicylates & Tricyclic antidepressants <input type="checkbox"/> with volatiles
<input type="checkbox"/> <b>Expanded Overdose Screen, &gt;150 drugs</b>
<input type="checkbox"/> <b>Meconium Drug Screen, 9 drugs</b> Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Methadone, Opiates, Phencyclidine & Propoxyphene <input type="checkbox"/> confirm all positives
<input type="checkbox"/> <b>Volatile/Alcohol Panel, Quant</b> Ethanol, Acetone, Methanol & Isopropanol
<input type="checkbox"/> Ethanol
<input type="checkbox"/> Methanol
<input type="checkbox"/> Ethylene Glycol

<input type="checkbox"/> Caffeine	<input type="checkbox"/> Pentobarbital
<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Cyclosporine	<input type="checkbox"/> Phenytoin
<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Sirolimus
<input type="checkbox"/> Levetiracetam	<input type="checkbox"/> Tacrolimus
<input type="checkbox"/> Lithium	<input type="checkbox"/> Tobramycin
<input type="checkbox"/> Methotrexate	

<input type="checkbox"/> <b>EBV Quant PCR</b> Source: EDTA whole blood
<input type="checkbox"/> <b>Enterovirus/Parechovirus PCR</b> Source: CSF
<input type="checkbox"/> <b>HSV Qualitative PCR</b> Source: circle one CSF / EDTA whole blood / skin swab
<input type="checkbox"/> <b>Respiratory Panel PCR</b> NP swab in UTM

<b>CMH Processing Name</b>	<b>Account</b>	<b>QA Review (initial/date)</b>
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